



**SANTA CLARA FIRE DEPARTMENT**  
**DIVISION OF FIRE PREVENTION**  
**1675 LINCOLN STREET**  
**SANTA CLARA, CALIFORNIA 95050**  
**(408) 615-4970 Schedule Inspection Appointments**  
**(408) 615-4987 Code Requirement Information**



**Miscellaneous Permit Application**

Include in the permit submittal package two (2) sets of scaled plans, this application, appropriate fees, and material specification sheets for all equipment, ducting, piping and fittings.\*

PLEASE PRINT OR TYPE. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT PROCESSING.

Job Address:			(For Office Use Only)
			Fire Permit #: <b>FIR</b> -
Bldg. #:	Suite #:	UBC Occupancy Class(es) In Area(s) of work:	Permit Type: <b>MISC</b>
Area Name:			Station #:
Room Name:			Date:
Business / Tenant:			Permit Fee:
<b>*ALSO REQUIRED AT THE TIME OF APPLICATION:</b>			Check #:
<b>IF THE PROJECT WILL INCREASE THE QUANTITY OF EXISTING CHEMICALS OR ADDING NEW CHEMICALS:</b> (All documents can be found at <a href="http://www.unidocs.org/all_documents.html">http://www.unidocs.org/all_documents.html</a> ).			
<ol style="list-style-type: none"><li>1) Submit the proposed chemical inventory for the project's area(s) on a "building Occupancy Classification Inventory Form," with the TOTALS OF EACH HAZARD CLASS CALCULATED FOR EACH CONTROL AREA (Highlight in yellow all new or increased chemicals); MSDS sheets; AND</li><li>2) For Group H, Division 6 Occupancies also provide the chemical inventory in the Uniform Fire Code Table 5102-A format; AND</li><li>3) Prior to permit sign off, a Hazardous Materials inventory statement containing <u>only</u> project chemicals <u>new</u> to the building and above reporting thresholds must be submitted.</li></ol>			

Scope of Work: (Describe the work that is being proposed; be specific)

Project Manager:		Santa Clara Business License #:
Company Name:		Expiration Date:
Address:		Phone: (     )
City:		Fax: (     )
State:	Zip:	Job Reference #:

Company / Person paying for permit:	Phone: (     )	Fax: (     )
Address:	Contact Person:	
City:	State:	Zip:

Architect / Engineer:		State License #:	
Address:		Contact Person:	
City:		Phone: (     )	Fax: (     )
State:	Zip:	Job Reference #:	

Please compute the plan check fees using the information below.

Calculate Fee: \$699.00 per equipment, tool or system:	(     )	x	\$699.00	=	\$
<b>TOTAL FEE:</b>					\$

Please make checks payable to: Santa Clara Fire Department.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.	
Signature of Applicant or Agent:	Date:

NOTE: Permit application will expire within 180 days of last inspection, unless you submit a written request for approval of an extension.